

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

RECEIVED

Middle

District of

Alabama

2007 JUN 26 A 9:40

Calvin Flowers
PlaintiffAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

V.

Autauga County Metro Jail
Defendant

CASE NUMBER: 2:07-CV-587-WKW

I, Calvin Flowers declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)
 If "Yes," state the place of your incarceration Autauga County Metro Jail Prattville AL
 Are you employed at the institution? NO Do you receive any payment from the institution? NO
 Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No
 a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
 b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|-----------------------------|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

I receive 100% percent disability from
V.A. at the monthly rate of 2300⁰⁰

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount. 7000⁰⁰ in Savings

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☒ Yes ☐ No

If "Yes," describe the property and state its value.

1999 Buick Regal
1988 Buick Sabre
1989 Ford 150 XLT

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Shaniqua Medowell Flowers Daughter in college

Terrell D. Flowers son in college

Keisha Sallers Flowers Daughter in college

I cannot put an amount it varies
on what they need

I declare under penalty of perjury that the above information is true and correct.

6/21/07
Date

Belvin Flowers
Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Calvin Flowers

P.O. Box 80
Elba, AL 36323

my current address
136 North Court Street
Prattville, AL 36067



United States Supreme
Court

P.O. Box 711
Montgomery, AL 36101

INMATE MAIL
ASTAUGA METRO JAIL

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